

AUTHORIZED REPRESENTATIVE FOR LOCAL APPEAL HEARING

Name of Agency _____
Agency Authorized Representative Name _____
Agency Address _____
Agency Phone Number _____
Agency Fax Number _____

_____, 20 ____
Date

I, _____
(Parent Name)

(Address) (City, State and Zip) (Phone Number)

am requesting that _____
(Representative Name)

(Address) (City, State and Zip) (Phone Number)

act on my behalf at my local appeal hearing for my subsidized child care.

I hereby authorize your agency to release any or all information relating this appeal to the authorized representative listed above.

Parent Signature

This page is not part of the sample Authorized Representative form.

Please delete this page before sending the form.